

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>09692507</i>	FILING DATE	
								CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/						51			
2		/					52			
3		/					53			
4		/					54			
5		/					55			
6		/					56			
7		/					57			
8		/					58			
9		/					59			
10	/						60			
11		/					61			
12		/					62			
13	/						63			
14	/						64			
15	/						65			
16		/					66			
17		/					67			
18		/					68			
19	/						69			
20		/					70			
21	/						71			
22		/					72			
23		/					73			
24		/					74			
25		/					75			
26		/					76			
27		/					77			
28		/					78			
29		/					79			
30		/					80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	19						TOTAL IND.			
TOTAL DEP.	111						TOTAL DEP.			
TOTAL CLAIMS	130						TOTAL CLAIMS			

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09692507</b>	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/					51	/			
2	/					52	/			
3	/					53	/			
4	/					54	/			
5	/					55	/			
6	/					56	/			
7	/					57	/			
8	/					58	/			
9	/					59	/			
10	/					60	/			
11	/					61	/			
12	/					62	/			
13	/					63	/			
14	/					64	/			
15	/					65	/			
16	/					66	/			
17	/					67	/			
18	/					68	/			
19	/					69	/			
20	/					70	/			
21	/					71	/			
22	/					72	/			
23	/					73	/			
24	/					74	/			
25	/					75	/			
26	/					76	/			
27	/					77	/			
28	/					78	/			
29	/					79	/			
30	/					80	/			
31	/					81	/			
32	/					82	/			
33	/					83	/			
34	/					84	/			
35	/					85	/			
36	/					86	/			
37	/					87	/			
38	/					88	/			
39	/					89	/			
40	/					90	/			
41	/					91	/			
42	/					92	/			
43	/					93	/			
44	/					94	/			
45	/					95	/			
46	/					96	/			
47	/					97	/			
48	/					98	/			
49	/					99	/			
50	/					100	/			
TOTAL IND.						TOTAL IND.				
TOTAL DEP.						TOTAL DEP.				
TOTAL CLAIMS						TOTAL CLAIMS				